

**ANNEX
D
(hereinafter ANNEX 2.4)**

ANNEX D

Application for Appointment as Notary Public

D448793

RINT CLEARLY

Name NOTE: Retain all documents with the name exact as printed above. 15



take it when you plan to use it.

Complete Home-Mailing Address

City, State, ZIP Clive, IA 50325

City State ZIP

(319) 290-7697
Home Phone Number

Complete Employer Name

475 SW 5th St

Complete Employer Address

Des Moines, IA 50309
City State ZIP

City Scale ZIP

15151697-5413
Work Phone Number

4. Check the box to indicate which address you wish to designate for mailing purposes.
(If no address specified, home address will be designated.) ☐ Home ☒ Business

If you have provided business contact information different from your home information, you may opt to shield your home address, phone number and e-mail from display on the Secretary of State's website. Would you like to exercise this option? ☒ Yes ☐ No

5. E-Mail Address: (optional)

(កំណត់)

(work)

6. Date of Birth: 05/20/1982.

I am: (check one)

☒ A resident of Iowa.

☐ A resident of _____, a state bordering Iowa, with work or business in Iowa.

7. Have you ever had your Notary Commission revoked or suspended or has any other discipline been imposed upon you as a Notary in Iowa or any other state? Yes ☐ No ☒

If "Yes", please identify the state(s), the date(s) of the action(s) and the reason(s) for the action(s).

3. Have you been adjudged mentally incompetent or convicted of a felony? Yes X No
If yes, have you received a restoration of rights? Yes No

9. Do you wish to have your name placed on a list of bilingual notaries? Yes ☒ No ☐

List language(s) in which you are fluent:

10. Include your filing fee of \$30.00. Make check payable to SECRETARY OF STATE.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.
I understand that I may not notarize any documents until I have received my notary commission from the Secretary of State.

11. Joe Attridge
Signature

1/6/2012

Date: _____

007 0107



D463659

Notary Public Change/Amendment to Application

PRINT THE FOLLOWING INFORMATION AS IT APPEARS IN OUR SYSTEM:

Name (as it appears in our system) Joel Altringer
 Address 475 SW 5th St City Des Moines State IA Zip Code 50309
 Date Commission Expires 1/31/2015 Commission No: 771334

1. CHANGE OF NAME (If applicable): I hereby request the Secretary of State amend my notary commission by changing my name on to:
 New Name (Print) _____ Date effective _____

I understand and agree that by notifying the Secretary of State of my name change I will use my new name when notarizing documents beginning on the effective date shown above through the end of my term.

2. APPLICANT'S HOME CONTACT INFORMATION (must complete)

Address 609 NW Morning Side Dr. City Grimes State IA Zip Code 50111

Home Phone 319-270-7097 Home Email Address joel.altringer@gmail.com

3. APPLICANT'S EMPLOYER CONTACT INFORMATION (must complete)

Employer name Wells Fargo
 Employer Address 475 SW 5th St City Des Moines State IA Zip Code 50309

Applicant's Work Phone Number 515-697-5388 Applicant's Work Email Address joel.altringer@wellsfargo.com

4. Preferred Contact Method: Designate preferred contact method. If no designation is made, home contact information will be used.
☐ Home Contact Information ☒ Employer Contact Information

If applicant has provided employer contact information different from the home contact information, applicant may opt to shield the home contact information from display on the Secretary of State's website. Does applicant wish to exercise this option: ☐ Yes ☒ No

5. Qualifications: Does applicant meet all the qualifications as stated in Iowa Code 9B.21(2): ☒ Yes ☐ No
 Applicant is a resident of: ☒ Iowa or ☐ resident of _____, a state bordering Iowa.

6. Electronic records - Effective January 1, 2013: Will applicant be performing notarial acts with respect to electronic records: ☒ Yes ☐ No
 If "Yes", identify the tamper proof technology the applicant intends to use: REKON system with digital certificate installed

7. Bilingual Notary Registry: Does applicant wish to have name placed on a list of bilingual notaries: ☐ Yes ☒ No
 If "Yes", list the language(s) in which applicant is fluent: _____

8. Affirmation and Signature:

By submitting this filing I hereby affirm that I will support the Constitution of the United States and the Constitution and laws of the state of Iowa, I will faithfully and impartially discharge the duties of notary public according to the best of my ability, and that I have read and understand the requirements of Iowa Code chapter 9B and administrative rules in 721-chapter 43.

Applicant's Signature Joel Altringer Date 1/3/13

Applicants filing by paper may obtain a copy of Iowa Code chapter 9B at the following website:
<https://www.legis.iowa.gov/DOCS/ACOM/CLINC/Chapter.9B.pdf>



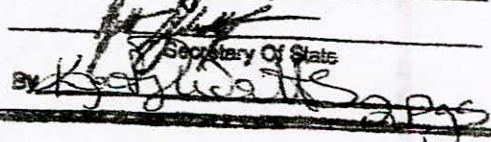
Deliver completed application to:
 SECRETARY OF STATE
 Notary Public Division
 Lucas Building, 1st Floor
 Des Moines, IA 50319

Phone: (515) 281-5204
 Fax: (515) 242-5953
 Website: sos.iowa.gov

RECEIVED

JAN 3 2013

STATE OF IOWA
 SECRETARY OF STATE

	<div data-bbox="982 1480 1144 1585"></div> <div data-bbox="1169 1543 1445 1627">STATE OF IOWA Secretary of State Office</div> <div data-bbox="1136 1606 1274 1648"># <u>276</u></div> <div data-bbox="1055 1638 1578 1774">I hereby certify that this is a true and complete document(s) to which the seal is affixed as filed in this office beginning <u>January 24, 2012</u> to and including the date below.</div> <div data-bbox="1055 1774 1445 1827">Dated <u>July 17, 2014</u></div> <div data-bbox="1055 1827 1542 1967">By  Secretary Of State</div>
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